

REGISTERED COMPANY NUMBER: 08415314 (England and Wales)  
REGISTERED CHARITY NUMBER: 1151343



HEALTHWATCH SHROPSHIRE  
(A COMPANY LIMITED BY GUARANTEE)

TRUSTEES' REPORT AND  
UNAUDITED FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2022

## **HEALTHWATCH SHROPSHIRE**

### **CONTENTS OF THE FINANCIAL STATEMENTS** **FOR THE YEAR ENDED 31 MARCH 2022**

	<b>Page</b>
<b>Reference and Administrative Details</b>	1-2
<b>Chair's Report</b>	3
<b>Trustees' Report</b>	3-28
<b>Independent Examiner's Report</b>	29
<b>Statement of Financial Activities</b>	30
<b>Statement of Financial Position</b>	31
<b>Notes to the Financial Statements</b>	32-38



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**Trustees (Board Members)**

Vanessa Barrett, Chair  
David Beechey (until 23/03/2022)  
Michael Terrence Harte, Deputy Chair  
Mark Lacey (from 23/03/2022)  
Steve Price  
Frederick David Voysey  
Denise Walker  
Robert Douglas Welch  
Anne Wignall

**Company registered number**

08415314

**Charity registered number**

1151343

**Registered office**

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**Chief Officer**

Miss LR Cawley

**Independent Examiner**

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## **Chair's Statement for year ended 31<sup>st</sup> March 2022**

### **Vanessa Barrett, Chair of Healthwatch Shropshire**

Restrictions because of the Covid-19 pandemic meant we were only able to renew our face-to-face work in early 2022. However, using a variety of different methods of engaging with the public, we still managed to produce some valuable reports. We invited the public to respond to our on-line surveys, which were designed to explore more deeply issues that had been raised with us by local residents. You will read about many of these in this report.

Shropshire Council Public Health commissioned Healthwatch Shropshire to carry out a detailed piece of work to look at food insecurity in a part of the County. People affected by these problems are particularly vulnerable in the current economic and cost-of-living squeeze, and their experiences aren't being heard. The success of this project led to the award of national monies to extend the programme across the whole County.

As the restrictions continue to ease, we look forward to continuing our work through engaging more with the public face to face, while building on what we have learned during the last difficult years. I hope you find this Annual Report interesting and that it gives you a flavour of the range of activities undertaken by our staff team and wonderful volunteers and how we share what people tell us about their experiences to influence organisations and services to improve the care they provide.

#### **Sir Robert Francis QC, Chair of Healthwatch England**

"The COVID-19 pandemic has thrown long-standing health inequalities into stark relief. With NHS and social care facing even longer backlogs, the unequal outcomes exposed by the pandemic are at risk of becoming worse. Local Healthwatch play an important role in helping to overcome these adversities and are uniquely placed to make a positive difference in their communities."

## **Trustee's Report for the year ended 31<sup>st</sup> March 2022**

The Board Members (who are trustees of the charity and also directors of the company for the purposes of the Companies Act) present their annual report together with the financial statements of Healthwatch Shropshire (the company) for the 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2022. The Board Members confirm that the annual report and financial statements of the company comply with the current statutory requirements, the requirements of the company's governing document and the provisions of the Statement of Recommended Practice (SORP), applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1<sup>st</sup> January 2015) as amended by Updated Bulletin 1 (effective 1<sup>st</sup> January 2015).



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Since the charitable company qualifies as small under section 383, the strategic report required of medium and large companies under The Companies Act 2006 (Strategic Report and Directors Report) Regulations 2013 is not required.

## 1. Introduction

The Health and Social Care Act 2012 established Healthwatch as the independent consumer champion for health and social care in England, with a local Healthwatch in every Local Authority area in England. Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. Everything we say and do is informed by our connection to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages and backgrounds who use health and social care services and to speak out on their behalf.

From 1st April 2016, Healthwatch Shropshire (HWS) has also held the contract for the Independent Health Complaints Advocacy Service for people who receive NHS services in Shropshire and for Shropshire residents who receive NHS services outside the County.

In the autumn of 2017 Healthwatch Shropshire successfully responded to the invitation to tender to provide local Healthwatch services in Shropshire and the Independent Health Complaints Advocacy Service (IHCAS) for the period from April 2018 for three years, with the possibility of an extension until the end of March 2023. Due to a significant funding cut the decision was made for the organisation to become a four-day service with the office being open Monday to Thursday.

### Purpose and Aims

The purposes of Healthwatch Shropshire are set out in the Articles of Association:

- To provide information and advice to the general public about local health and social care services
- To make the views and experiences of members of the general public known to health and social care providers
- To enable local people to have a voice in the development, delivery and equality of access to local health and care services and facilities, and
- To provide training and the development of skills for volunteers and the wider community in understanding, scrutinising, reviewing and monitoring local health and care services and facilities.

Based on the Articles and guidance from Healthwatch England (HWE), Healthwatch Shropshire (HWS) has determined its own purpose:

***To be the recognised independent voice of the people of Shropshire in seeking to improve their experience of Health and Social Care services.***





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## **2. Structure, governance and management**

### **a. Constitution**

Healthwatch Shropshire (HWS) is a charitable company limited by guarantee and was set up and is governed by its Articles of Association, which established the objects and powers of the charitable company.

Its registered charity number is 1151343 and its company number is 08415314. Members of the charitable company are required to contribute an amount not exceeding £1 to the assets of the charitable company in the event of its winding up. The Board Members are the trustees of the charity and directors of the company and have no beneficial interest in the charitable company.

### **b. Method of appointment or election of Board Members**

The governance of the charity is the responsibility of the Board Members who are elected and co-opted under the terms of the Articles of Association.

Board Members, who are volunteers, are recruited, when the need arises, from the Associate Membership and also from the people of Shropshire in an open and transparent process. Vacancies are advertised as widely as possible. Board Members are elected for a period of three years.

All potential candidates to become Board Members must:

- live in Shropshire\* OR
- work for/represent a voluntary or community group in Shropshire\* OR
- be registered with a GP Practice in Shropshire\*

(\*By 'Shropshire' we mean the area covered by Shropshire Council)

### **c. Policies adopted for the induction and training of Board Members**

All candidates for Board Membership undergo an induction training session prior to interview. This is to ensure that any new Board Members fully understand the responsibilities that are being taken on and have an insight into the work of Healthwatch Shropshire (HWS). New Board Members have the opportunity to spend some time with the staff team and the Chair and are given key documents about HWS. Additional training is offered as need is identified.

Board Members have adopted a process of appraisal of individual Board Members on an annual basis and regularly review the structure and effectiveness of the Board and its Committees.



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#### d. Organisational structure and decision making

The maximum number of Board Members is 12. At the end of the year in March 2022 the Board comprised eight members.

The staff complement at the end of the year was seven, all part time since April 2018 when HWS became a four-day service (Monday to Thursday). Staff changes have continued into 2021-22 and this has had an impact on capacity and activity.

Staff Team at end of March 2022:

Chief Officer	Lynn Cawley	
Information Officer	Brian Rapson	
Community Engagement & Communications Officer	Jayne Morris	<i>(Left HWS 04/11/21)</i>
Enter & View Officer and Health Complaints Advocacy Coordinator	Alli Sangster-Wall	
Administrative Officer	Patricia McInnes	
Community Engagement Officer	Anne-Marie Fleming	<i>(Joined HWS 10/01/22)</i>
Community Engagement Officer (Minority Groups)	Kate Fejfer	<i>(Joined HWS 10/01/22 – fixed term contract to 31/03/23)</i>
Communication and Involvement Officer	Elizabeth Florendine	<i>(Joined HWS 10/01/22)</i>

In addition, at year end Healthwatch Shropshire (HWS) had a team of 23 volunteers (including Board Members) to support its work programme. The volunteer roles are:

- Enter & View Authorised Representative (9) – conduct and report on Enter & View visits
- Engagement Volunteers (7) - help to raise awareness of HWS in their communities throughout Shropshire including representing HWS at information stands at locations across the County

Associate Members are people of Shropshire who are interested in the work of Healthwatch Shropshire (HWS) but do not wish to be as actively involved as volunteers. At the end of March 2022, HWS had 70 Organisation Associate Members (70 last year) and 217 Individual Associate Members (217 last year). In 2021-22 Healthwatch Shropshire ceased promoting associate membership, instead focussing on our newsletter and stakeholder contact lists.

### *Our governance*

Board Members are lay people and volunteers. Healthwatch Shropshire (HWS) has regularly held Board meetings in public during 2021-22 over Microsoft Teams due to the ongoing COVID-19 restrictions. There are four Committees of the Board, each with its own Terms of Reference, to which the Board has delegated some of its responsibilities to enable the business of HWS to be delivered in a timely manner but the Board remains accountable. The Committees are:

- Business
- Enter & View
- Intelligence
- Engagement and Marketing

The public voice is also represented on our Stakeholder Group, which has involvement from commissioners and major providers, including the independent and voluntary sectors, and Shropshire Patient Group (made up of representatives from primary care patient groups across Shropshire). The primary purpose is to ensure the future overall effectiveness of HWS by providing a peer-to-peer strategic forum for the interchange of information, ideas and perspective pertinent to the work of HWS. Due to the ongoing pandemic this group has not met this year but we have continued to communicate with members informally throughout the year, for example through our newsletter.

### *How we make relevant decisions*

A Decision-Making policy is available through the website, [www.healthwatchshropshire.co.uk](http://www.healthwatchshropshire.co.uk). The relevant decisions are included in Board meeting minutes and published on the web site.

- How we choose which health and social care services we are looking to cover with our activities:  
Feedback from members of the public on the quality of health and social care services is considered by the Intelligence Committee and recommendations made as to the most appropriate response. This information is also used to inform the Enter & View planning process as well as engagement activities. The findings of Enter & View visits (conducted by volunteers) also help to inform the forward work programme. 'Hot Topics' enable Healthwatch Shropshire to encourage feedback on a particular topic.
- Whether to request information, make a report or a recommendation:  
Feedback received from members of the public informs decisions about activities, which include whether to request additional information from providers and commissioners, make a report or a recommendation. These decisions are taken by the Board Committees, which include volunteers.



- Which premises to Enter & View and when those premises are to be visited:  
The Enter & View programme is informed by intelligence Healthwatch Shropshire (HWS) receives from members of the public. It also receives requests from:
  - Shropshire Telford and Wrekin Provider Information Sharing Meeting that takes place every two months
  - Meetings with the Care Quality Commission, Shropshire Council, Shrewsbury and Telford Hospital Trust (SaTH) and other local NHS Trusts

The Enter & View Committee includes three Board Members, one of whom is also an Authorised Representative and directly involved in conducting Enter and View visits. There is also one other Authorised Representative and one volunteer who is not an Authorised Representative.

- Whether to refer a matter to Shropshire Council's Health Overview & Scrutiny Committee:  
The Board will make these decisions based on evidence and recommendations from the Intelligence Committee. Prior to the COVID-19 pandemic HWS regularly met with the Chairs of the Health Overview and Scrutiny Committee and the Health and Wellbeing Board in order to triangulate intelligence. In 2021-22 we have continued to attend these meetings virtually over MS Teams and shared any relevant intelligence we hold but not met with the Chairs outside of these meetings. We hope to restart these meetings in 2022-23.

## **e. The involvement of the public and volunteers**

### *Delivering our statutory activities*

When the COVID-19 pandemic began HWS followed Public Health and NHS England guidance and staff began to work from home with limited office cover to answer the phone. All face-to-face engagement activities stopped including meetings, stalls, leaflet distribution and Enter & View visits. Towards the end of the year some community meetings began to plan to meet face-to-face again and this is expected to continue into 2022-23.

During this year we have continued to meet with our volunteers virtually over MS Teams and involved them in our activities, e.g. asking for their support to design surveys, planning and conducting on-line research tasks, taking part on focus groups (Integrated Care Record). We have also continued to receive applications from people interested in volunteering for us.

Whenever possible, Board members and volunteers continued to attend on-line meetings organised by local NHS and social care organisations, including NHS Trust Board meetings, local transformation programmes and meetings of the Shadow Integrated Care Board which will replace the Shropshire, Telford & Wrekin Clinical Commissioning Group later in 2022.

For more about our volunteers in 2021-22 see page 19 and visit our website page:  
<https://www.healthwatchshropshire.co.uk/volunteer>

#### **f. Related party relationships**

Healthwatch Shropshire has no related party relationships.

#### **g. Risk management**

Healthwatch Shropshire has a Risk Management Matrix to enable it to identify and manage effectively the external risks faced by the charity. Annual reviews take place involving Board Members and staff and the Matrix is updated for Business Committee and Board meetings when necessary.

#### **h. Healthwatch Trademark Licence Agreement**

We can confirm that Healthwatch Shropshire has signed and returned to Healthwatch England the Healthwatch Trademark agreement (which covers the logo and the Healthwatch brand) and that we are using this trademark when undertaking work on our statutory Activities as covered by the licence agreement.

### **3. Objectives and Activities**

#### **a. Policies and objectives**

Healthwatch Shropshire has continued to approve and review the key policies and supporting procedures that underpin the delivery of its work programmes. Key policies are available via our website. Policies are reviewed regularly; the frequency being determined by the reviewing panel.

The priorities for the year are informed by the people of Shropshire through the intelligence received, engagement and Healthwatch Shropshire's understanding of the context that it is working in. Key priorities for the year 2021-22 were agreed as:

- Mental health (To include the impact of C19 pandemic on general mental wellbeing, delays, waiting lists (access), children and young people)
- Prevention and place-based care (To include access to primary care services (e.g. GPs, Dentists, Pharmacy, Social Care and other 'out of hospital' services in the community)
- Acute care (To include access to secondary care (e.g. waiting times), Maternity (inc. actions from Ockenden Review, progress of Transforming Midwifery Care programme and Hospital Transformation Programme)





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- Health inequalities and public involvement (including rural inequality, digital inequality, Food insecurity, promoting Patient Participation Groups, supporting engagement around the Joint Strategic Needs Assessment and encouraging public involvement in service development and design)

The role of the Independent Health Complaints Advocacy Service (IHCAS) is to provide information and advocacy support to people living in Shropshire and anyone using NHS services in Shropshire to make a formal NHS complaint.

For more information about our activity in 2021-22 see page 24 and visit our webpage: <https://www.healthwatchshropshire.co.uk/help-making-complaint>

## **b. Activities for achieving objectives**

Healthwatch Shropshire (HWS) works to meet its statutory requirements and deliver on its objectives by:

- Raising the profile of HWS through effective marketing and networking
- Enabling people to access the services HWS provides easily
- Delivering a structured programme of engagement
- Delivering the Enter & View programme
- Supporting volunteers
- Delivering the signposting and information service
- Capturing and analysing information
- Developing partnerships through effective networking
- Keeping up to date with work planning, policies procedures and governance
- Continuing to develop ways of capturing people's experience and complaints

Some of these activities have been curtailed or have needed to be adapted to the prevailing circumstances of the pandemic.

The IHCA Service meets its objectives by:

- Providing people with information about the NHS complaints process and their options within that process to empower them to make a formal complaint and have their voice heard. This information is given verbally over the phone or face to face and people are given access to the step-by-step guide we have produced by post, email or on our website.
- Providing the support of a Health Complaints Advocate to help them to put their complaint in writing, navigate the complaints process and attend meetings to discuss their complaint.





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### **c. How our activities deliver public benefit**

Healthwatch Shropshire is working to help local people get the best out of their health and social care services, either by improving them today or helping to shape them for the future. Local people have a powerful voice and Healthwatch Shropshire is working to ensure that this voice is heard by commissioners and providers of health and social care services in order to address issues and concerns raised but also to share good practice. We achieve this through our attendance at key meetings across health and social care. During 2021-22 meetings continued to be conducted online.

The meetings we attend give us the opportunity to remind those present of the role of Healthwatch Shropshire locally and the importance of considering the public voice when developing, providing and evaluating services. We also share relevant comments from the public with key organisations (e.g. Shrewsbury and Telford Hospital Trust, Shropshire, Telford & Wrekin Clinical Commissioning Group and Shropshire Council) and relevant reports and findings from the work we have undertaken. Our reports are also made public and available on our website:

<https://www.healthwatchshropshire.co.uk/news-and-reports>

The comments we receive are anonymised and recorded and stored in line with the General Data Protection Regulation (GDPR). A member of the Board acts as Data Protection Officer and is tasked with monitoring compliance with the GDPR and other data protection laws, our data protection policies, awareness-raising, training, and audits.

The work programme of Healthwatch Shropshire is primarily informed by the experiences of people of all ages, from across the County and from all backgrounds. Healthwatch Shropshire is inclusive in its approach and is working to ensure that everyone has the opportunity to have their voice heard. When all face-to-face engagement ceased Healthwatch Shropshire had to focus on digital technology (e.g. website) and social media to help deliver its work programme. Acutely aware of digital inequality we have continued to promote our phone number and Freepost address to ensure everyone can contact us.

Healthwatch Shropshire also provides an information and signposting service which assists local people to find services and / or information to support their choices and get the care they need.

The Independent Health Complaints Advocacy Service provides an additional service to support individuals who are unhappy with care or treatment that they have received from the NHS to make a formal complaint and have their voice heard.



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## **Achievements and performance**

### **a. Review of activities**

The following sections highlight the achievements of Healthwatch Shropshire in 2021-22 against the statutory activities for Healthwatch in the context of Shropshire and also reports on the Independent Complaints Advocacy Service.

#### **The eight statutory activities of Healthwatch Shropshire are:**

- Promoting and supporting the involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved
- Obtaining the views of local people regarding their need for, and experiences of, local care services and importantly to make these views known
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choice can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about issues.
- Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

At Healthwatch it can be difficult to show the impact that we make within one financial year as quite often, the difference that we make does not happen straight away but over a period of time. Over the next section we follow the structure required by Healthwatch England to describe some case studies of key projects we have



undertaken this year and the impact they have had. The table on pages 22-24 provides an update on all work/projects completed against our priorities 2021-22.

Please note that a 'restricted project' is a project for which we received external funding.

We also report on our additional activity under the Independent Health Complaints Advocacy Service for 2021-22 (See page 24).

## Our year in review

### 1. How we have engaged and supported people, key examples:

- **Reaching out:** 701 people shared their experiences of health and social care services with us, helping to raise awareness of issues and improve care. Including 236 responses to our surveys. 30,558 people came to us for clear advice and information about topics such as mental health and COVID-19. Including 27,689 website views.
- **Making a difference to care:** We published 7 reports, six about the improvements people would like to see to health and social care services and one giving the feedback we have received on our own work. Our most popular report was Access to NHS dental services which highlighted the struggles people have on finding an NHS dentist in Shropshire
- **Health and care that works for you:** We're lucky to have 23 outstanding volunteers, who gave up 700 hours to make care better for our community. We're funded by our local authority.

### 2. How we have made a difference throughout the year, these are the biggest projects we worked on from April 2021 to March 2022.

- **Spring:** We asked about people's experiences of contacting NHS 111 and were able to report to the local NHS that nearly 70% had a good experience. We answered queries and provided information about how people accessed the second covid vaccination dose, over 26,000 people visited our webpage
- **Summer:** We worked with partners and people with lived experience to highlight the real effects food insecurity has on health and well-being in rural South West Shropshire. We trialled an online engagement platform to try to reach new audiences within Shropshire. The platform had over 2,500 page views during the trial.
- **Autumn:** With NHS 111 First becoming more established in Shropshire we again asked about experiences and found that satisfaction with the service had fallen from nearly 70% to 43%. We highlighted the poor access to routine NHS dentist



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services in Shropshire and the lack of accurate information of where people could register.

- **Winter:** We gave young people and their families across Shropshire the opportunity to tell the NHS what would help them when they were in crisis with their mental health. We made 11 recommendations based on what they told us. As a result of our survey of users of Pain Management Services we highlighted to the service provider the need for accurate information at the point of referral. They confirmed improvements were being made.

## Listening to your experiences

Services can't make improvements without hearing your views. That's why over the last year we have made listening to feedback from all areas of the community a priority. This allows us to understand the full picture, and feedback to services to help them improve.

### Case study 1: Sharing people's experiences of accessing urgent medical care

In July 2020 NHS England began piloting 'NHS 111 First' to encourage people to call 111 for an assessment of how urgent their condition is (triage) before attending accident and emergency services. Shropshire Telford & Wrekin Clinical Commissioning Group (CCG) asked us to help them hear people's experiences so they could see how it was working and raise awareness of the service.

If anyone has an urgent, but not life-threatening health problem the public are encouraged to call NHS 111 to be directed to the correct service, whether that is an Emergency Department (Accident & Emergency), their GP, or self-care. Callers to NHS 111 can now receive time slots at local Emergency Departments (EDs) or other Urgent Treatment Centres (sited at Royal Shrewsbury Hospital and Princess Royal Hospital), as well as receive time slots with GPs or out of hours GP services. The new service aims to reduce waiting times at EDs and demand on hospitals.

#### What we heard

We worked with the CCG and Healthwatch Telford & Wrekin to develop a local survey that ran during March and April 2021 receiving 70 responses from people in Shropshire. In order to understand any change in use of 111 we ran the survey again from October to December 2021 receiving 181 responses from across Shropshire and Telford & Wrekin. 71% of people who were not aware that NHS 111 First could book appointments said that, after reading our information and completing our survey, they were now likely or very likely to use the service next time they had an urgent medical problem.





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Our findings were shared with the CCG, West Midlands Ambulance Service who provide 111 and the Urgent and Emergency Care Delivery Board.

### **What difference did this make?**

The CCG committed to use our feedback to work with partners to:

- Increase the use of 111 bookable appointments in A&E, Urgent Treatment Centres, Minor Injuries Units and Primary Care.
- Increase the use of alternatives to A&E including raising awareness across the County of services on offer and options for self-help
- West Midlands Ambulance Service committed to recruiting and training an additional 450 call handlers across the region

#### **Shropshire, Telford and Wrekin CCG**

"The key findings of this invaluable survey will feed into existing work plans to improve the provision of urgent and emergency care for our population ensuring that patients are seen in the right healthcare setting, first time."

### **Case study 2: Bringing food poverty in rural Shropshire into the spotlight (restricted project)**

Thanks to people sharing their experiences of living in food poverty in South-West Shropshire with us we have helped Shropshire Council Public Health to understand this issue, raise awareness across the health and social care system and identify solutions that can help people across the county.

Even before the emerging cost of living crisis it was well known that some people in rural communities can have difficulty getting affordable, healthy food locally and need to travel to shop, adding to any financial difficulties they may already experience because of lower wages and higher energy bills.

#### **What we did**

Working with Shropshire Food Poverty Alliance, Shropshire Larder, Citizen's Advice and Shropshire Council Public Health we delivered a range of engagement activities to hear from as many people as possible.

- We heard from 11 people with lived experience of food insecurity and 121 people working in the public and community sectors through our online surveys.
- We had detailed conversations with 11 people to understand their experiences of living with food insecurity and its impact on their lives.



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- We led four focus groups involving 33 people working across the public and voluntary sectors to identify issues and solutions, including the need for closer partnership working.

#### **Person with lived experience**

'Stressful. The stress affects my [health] which makes me get poorly which makes me more stressed it's a vicious cycle. The emotional anxiety makes my [health] worse.'

#### **What difference did this make?**

- Shropshire Council were awarded £300,000 from 'Shaping Places, Healthier Lives' (Health Foundation and Local Government Association) over the next three years to tackle food insecurity in South West Shropshire and use this learning to address this issue in other parts of the county.
- Healthwatch England asked us to share our approach and learning with other local Healthwatch undertaking engagement with people whose experiences aren't heard.

#### **Director of Public Health, Shropshire Council**

"The findings from those with a lived experience are especially stark and highlight this growing problem and its impact on people's health and wellbeing. I endorse the recommendations highlighted in the report and the need to work together with communities, the voluntary sector and with partners to tackle the stigma and issues raised through the research.

### **Case study 3: Listening to the experiences of children, young people and their families of using crisis mental health services**

In June 2021 the Director of Nursing at Shrewsbury and Telford Hospital NHS Trust (SaTH) asked us to speak to children and young people about their experiences of crisis mental health services and give them a voice. This was in response to a Care Quality Commission inspection that highlighted the challenges faced by the Trust and the importance of working with the Clinical Commissioning Group and Midlands Partnership Foundation Trust (MPFT) to ensure 'effective plans are in place to meet the needs of children and young people with significant mental health needs, learning disability or behaviours that challenge'.



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### **What we did**

We worked with SaTH, MPFT and Healthwatch Telford & Wrekin to develop our approach. We asked the Trusts to contact the children and young people who had used their services to let them know we wanted to hear their experiences. This was not possible, so we used a press release, flyer and social media to let people know what we were doing. We heard directly from five young people aged 13-20 and 46 parents and carers who described the experiences of another 50 children and young people aged between 10 and 26. Sixteen professionals from across the NHS, education, the charity and voluntary sector and an independent counsellor got in touch. We asked everyone what could be done to improve the help they received or their experience.

#### **14- year-old from Telford & Wrekin**

'I remember there was a long wait before I saw someone, and I almost gave up. I think professionals think because we are young, we don't understand as much'

### **What difference did this make**

11 recommendations were made based on what people told us about waiting times, referrals, face-to-face appointments, communication, care plans, post-diagnosis support, training and joint working. As a result:

- SaTH have increased their mental health workforce and now have a mental health matron for children and young people.
- MPFT described the work they are doing in schools, including their Diagnostic Only Service.
- The CCG told us about the work they are doing to identify and fill gaps in services, including investing in a children's crisis team to treat children at home, prevent hospital admissions or provide support on discharge.
- We have been asked to present our findings to the Health and Wellbeing Board and a Joint Safeguarding Community Partnership Challenge Event





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## **Three ways we have made a difference for the community**

Throughout our work we gather information about health inequalities by speaking to people whose experiences aren't often heard.

### **1 Creating empathy by bringing experiences to life**

It's important for the NHS and social care services to step back and see the bigger picture, through hearing personal experiences, and the impact on people's lives. This provides a deeper understanding than using data alone, can challenge assumptions and motivate people to think and work more creatively.

In 2020 and early 2021 we published our reports on experiences of End of Life Care and Out of Hours Palliative Care services. During this year we used the case studies and experiences people told us about to influence the local End of Life Care System Review through workshops and participation in Task and Finish groups where we championed the patient voice.

### **2 Getting services to listen to the public**

Services need to understand the benefits of involving local people to help improve care for everyone.

In Spring 2021 we heard from 45 patients of Shifnal and Priorslee Medical Practice mainly expressing concern about aspects of the service. We used our statutory powers to write to the practice and raise the issues of appointments, staff and services, confidentiality, and patient involvement. We received a response from the practice (published on our website) informing us of changes that were being put in place in relation to staff training, availability of appointments and improvements to the telephone system.

### **3 Improving care over time**

Change takes time. We often work behind the scenes to consistently raise issues and push for changes.

We have heard for some years of problems with accessing NHS dental services and finding information about available services. This is part of an ongoing national issue but we wanted to highlight the real effects that it has on people so asked to hear about experiences. We shared these with the NHS, who told us they would continue with 'procurement plans to secure a new NHS dental practice in Oswestry and review access in other areas of Shropshire.' We have now been invited to represent the patient voice in the procurement process and the NHS has set up a local information and advice line.





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## **Advice and information**

If you feel lost and don't know where to turn, Healthwatch is here for you. In times of worry or stress, we can provide confidential support and free information to help you understand your options and get the help you need. Whether it's finding an NHS dentist, how to make a complaint or choosing a good care home for a loved one – you can count on us.

This year we helped people by:

- Providing up to date information on COVID-19
- Linking people to reliable information they could trust
- Supporting the COVID-19 vaccination and booster programme
- Helping people to access the services they need

## **Signposting people who needed additional support**

During this year one of the key signposting themes has been supporting people who are receiving health care but are concerned that things are not going as well as it should for either themselves or their relatives.

This can be problems with communication with staff because of restricted visiting in hospitals, extended waits for appointments and treatment as we are moving out of the pandemic, or arranging an appointment that is provided in a way people feel comfortable with.

For some people who are particularly vulnerable this can involve providing information about organisations in the community that can provide advocacy services.

We help people find the most appropriate person to speak to, which could be a hospital Patient Advice and Liaison (PALS) team, a ward manager or a GP surgery Practice Manager all of whom work to help resolve issues and help patients and relatives navigate through their healthcare.

## **Volunteers**

We're supported by a team of amazing volunteers who are the heart of Healthwatch. Thanks to their efforts in the community, we're able to understand what is working and what needs improving in NHS and social care.

This year our volunteers:

- Got involved in planning our return to Enter & View activities by developing a proposal for a new 'light touch' approach.
- Created digital content on our social media.
- Carried out website reviews for local services on the information they provide and making sure they are clear, easy to understand and navigate.
- Assisted as part of 'Readers' Panels' – checking local services' publications to make them more people focussed and easier to read.



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- Continued to help with the local vaccination centres supporting local people to get their COVID vaccinations

**Orla** - "Hi, I'm Orla and I am an undergraduate History student at the University of Cambridge. At Healthwatch Shropshire I am an Engagement Support volunteer and I also help out with creating graphics for social media. I am excited to be getting involved in the local community and look forward to an improved Shropshire."

**David** "I was drawn to volunteering with Healthwatch Shropshire as I really enjoy meeting people and getting out and about. I feel volunteering provides a sense of purpose and I have many years of experience in the field of business management and digital data. I have previously volunteered with the Shropshire Community Hospital NHS Trust and look forward to applying my previous skills and experience to my voluntary work with Healthwatch".

**Geoff** "I wanted to be involved with something worthwhile where I could use my skills and potentially make a difference.

It's great to interact with committed and proactive team members and I am looking forward to getting back to face-to-face visits and meeting with a wider group of people."

## The way we work

### Involvement of volunteers and lay people in our governance and decision-making

Our Healthwatch Board consists of eight members who work on a voluntary basis to provide direction, oversight and scrutiny to our activities through four Committees of the Board.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community. Through 2021/22 the Board met four times and made decisions on matters such as which key pieces of work to undertake and increasing staffing levels to improve our capacity for face-to-face engagement once the Covid-19 pandemic restrictions were lifted.

We ensure wider public involvement in deciding our work priorities by making Board meetings open to the public, holding Volunteer Meetings and asking our volunteers for their feedback and to propose engagement activities. These may include identifying suggestions about where we should do Enter & View visits. We also use the comments we receive from the public to identify issues that we need to explore further.





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### **Methods and systems used across the year's work to obtain people's views and experience**

We use a wide range of approaches to ensure that as many people as possible have the opportunity to provide us with insight about their experience of health and care services. During 2021/22 we have been available by phone, by email, provided a webform on our website and Freepost address to help address digital inequality and the fact that we have a large older population. We have attended virtual meetings of community groups and forums, provided our own virtual activities (including focus groups) and engaged with the public through social media. We have translated social media posts into other languages. We also piloted an online engagement platform for Healthwatch England to try to extend our reach.

We ensure that this annual report is made available to as many members of the public and partner organisations as possible by sharing it with our contacts and publishing it on our website.

### **Responses to recommendations and requests**

During 2021-22 we have received responses from all providers we approached to respond to requests for information on our reports and recommendations. This year, due to the COVID-19 pandemic, we did not make use of our Enter and View powers. Consequently, no recommendations or other actions resulted from this area of activity.

### **Health and Wellbeing Board**

Healthwatch Shropshire is represented on the Shropshire Health and Wellbeing Board by Lynn Cawley our Chief Officer. During 2021/22 our representative has effectively carried out this role by sharing key messages from the insight we gather from the public, highlighting work we have done previously (e.g. sharing reports) to continue to represent relevant experiences people have shared with us, presenting our key findings and recommendations and asking members to tell us what actions they are taking or planning to take in response. For example, our report on 'Phone, video and online appointments during the Covid-19 pandemic' was published 29<sup>th</sup> October 2020 and presented to the Health and Wellbeing Board 8<sup>th</sup> July 2021

## 2021-22 Outcomes/updates

Project / Activity Area	Changes made to services / Update
Priority: All age mental health	
HWS joined new meetings to represent the voice of the people of Shropshire	We gave feedback on public facing information about the Community Mental Health Transformation led by Midlands Partnership Foundation Trust and the Living Well Plan for people with Dementia as part of the Dementia Strategy led by the CCG.
Priority: Prevention and place-based care	
Pain Management Services Survey and Report	Provider committed to improving the information given to people before they attended pain management clinics. <a href="#">Pain Management Services in Shropshire   Healthwatch Shropshire</a>
Met with professionals across the NHS to understand the offer for women in perimenopause, menopause and post-menopause	We identified a gap in knowledge between services and shared our findings to help ensure women receive appropriate referrals. We shared the training offer from the Consultant at SaTH with the CCG. We worked with SaTH and other partners to design the SaTH Women's Health Survey which received 2000 responses.
Visiting care homes during the pandemic	We followed up our report from 2020-21 by giving Shropshire Council myth-busting information from Healthwatch England about the 'Essential Care Giver'
Service change and redesign	We attended meetings around changes to Phlebotomy services (blood tests) to ensure the views of service users were taken into account and feedback on the process
Shifnal & Priorslee Medical Practice	As a result of raising patient concerns with the Practice our Chief Officer was invited to attend a meeting of the Patient Participation Group to raise awareness of Healthwatch, hear further feedback and how the provider were responding directly to patients about the issues they raise.



Priority: Prevention and place based care	
Covid-19 Booster Programme	We continued to feedback people's experiences of the vaccination programme to the CCG and Public Health to identify gaps and barriers. We joined the Vaccination and Autism Steering Group to try to increase vaccination uptake amongst people with Autism and used our engagement tools to promote.
Eye care	We joined the Shropshire, Telford & Wrekin Eye Care Delivery Group and Local Eye Health Network to ensure the experiences people share with us about eye services feed into the transformation programme.
Priority: Acute care	
Cancer care	We shared our previous reports and comments with the Care Quality Commission to inform their work to understand the patient experience of the cancer pathway and approach to inspection.
Maternity services	We continued to signpost people to share their views on Maternity Services at SaTH with the Ockenden Review Team until the report was published. We met with the PALS Officer for Women and Children's at SaTH to share comments we received and attended the public meetings of Ockenden Review Assurance Committee to continue to monitor and challenge the progress made against the report recommendations.
Cardiology services	We attended a Cardiology Stakeholder Event to hear about potential inpatient service changes and promote service user involvement and engagement.
Priority: Public involvement	
Public Involvement	We were involved in planning a series of workshops led by the CCG to improve public involvement and engagement across health and social care, including the ICS Involving People and Communities Strategy Workshop. We shared our experiences of engaging with people whose experiences aren't being heard, good practice and guidance from HWE to inform the local toolkit.

Feedback on Healthwatch Shropshire	We invited feedback from organisations across Shropshire on our work and identified areas for improvement including raising awareness of our role with Local Councillors <u>What people told us about our work</u>   Healthwatch Shropshire
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#### 4. The Independent Health Complaints Advocacy Service (IHCAS)

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received. This year we have seen a 22% increase in contacts to the service and were contacted by 47 people in the last quarter of the year which was the highest number in any single quarter since the contract began in 2016.

This year we have had 122 contacts to the IHCA service (compared to 100 2020-21)

- 68 people contacted us about hospital treatment
- 27 people contacted us about their GP
- 6 people contacted us about the Community Mental Health Team

Other services people wished to complain about included Service Commissioners and Dentists.

We aim to empower people to use the NHS complaints process so the first thing we do is share our self-help pack that includes:

- A 19-page step-by-step guide on 'Making a Complaint about the NHS'
- Information on what to include in a letter of complaint
- Contact details for the organisation they are complaining to

The pack is also available on our website.

We explain the NHS complaints process and their options, including the right to appeal to the Parliamentary and Health Service Ombudsman if they are not happy with the outcome of their complaint.

The top topics people wished to complain about in 2021/22 were:

- Staff Attitude - 22
- Communication - 21
- Waiting Times – 19
- Diagnostics (including misdiagnosis) – 19
- Quality of Treatment - 17

If people need more information and support to put their complaint in writing, we can provide a Health Complaints Advocate who will help them to navigate the NHS complaints process.



We have allocated 23 people an Advocate during the year.

'I was really grateful for the information you sent through. It told me what I needed to do and offered me a path. That really started the healing process.' – IHCAS Client

People using the IHCA Service often need signposting to other services in addition to help to make a complaint.

In the year 2021/22 we referred 18 people who contacted IHCAS to other services (including the IHCA Service for their area, Action Against Medical Accidents (AVMA), the General Medical Council (GMC), Social Services to make social care complaints and the Patient Advice and Liaison Service (PALS) if the situation was ongoing and they needed a quicker response.

'I'm so glad there is a service like this to help me, I already feel like a weight is being lifted.' – IHCAS Caller

Callers to the IHCAS also share their feedback on services and their experience of making a formal complaint. These comments are included in our data if they give us their consent to do so.

'I feel so much more informed than I have been through this whole process just from having this conversation with you.' – IHCAS Client

Healthwatch Shropshire's Independent Health Complaints Advocacy Service (IHCAS) aims to empower people to make a formal complaint about NHS treatment either they or a loved one has received.

## 5. Financial Review

Healthwatch Shropshire's main funding is from Shropshire Council to deliver a Healthwatch and Independent Health Complaints Advocacy Service services as set out in its contract but, in addition,

- Late 2020-21 Healthwatch Shropshire was fortunate to have a small amount of grant funding from Healthwatch England to pilot Engagement HQ (an online engagement platform) for 6 months. The pilot was concluded in 2021-22.
- Late 2020-21 Shropshire Council Public Health asked us to complete engagement to understand people's experience of food insecurity in Southwest Shropshire and produce a report. This piece of work was concluded in November 2021-22. For the full report go to <https://www.healthwatchshropshire.co.uk/report/2021-11-11/food-insecurity-project-south-west-shropshire>

#### **a. Going concern**

After making appropriate enquiries, the Board Members have a reasonable expectation that the company has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the financial statements. Further details regarding the adoption of the going concern basis can be found in the Accounting Policies.

#### **b. Reserves policy**

It is good policy for a charity to hold a contingency reserve to protect the charity from disruption to its charitable work and from insolvency. In order to become a more sustainable organisation and to protect the charity from disruption to its charitable work and insolvency the Board has determined that it will build up its free reserves as part of its strategic planning. The reserve policy will be monitored and reviewed annually as part of the budget setting process and when a significant event may trigger the need for a review. Following a detailed review, the Board has determined that it will aim to hold a minimum of 3 months core operating costs as a free reserve.

At 31st March 2022 the total free reserve of Healthwatch Shropshire was £88,084 (2020-21 was £72,916).

#### **c. Investment policy and performance**

Healthwatch Shropshire has no investments. A policy will be developed as and when the need arises.

### **6. Plans for next year**

#### **a. Future priorities:**

Healthwatch Shropshire want to make a difference to the health and social care services in Shropshire. The ways we can do that are:

- Giving people as many ways as possible to share their views with us (e.g. increased use of social media and wider promotion of our Freepost address for those who do not have access to technology)
- Making sure we know what is happening locally (e.g. attending meetings and events)
- Sharing the information we have with the right people at the right time so it can be taken into account when reviewing and redesigning services

So this year we have continued to align our priorities with the key work programmes of the Shadow Shropshire and Telford and Wrekin Integrated Care System (ICS) which



cover a range of activities across health and social care. They are very similar to our 2020-21 priorities and this will allow us to follow-up some of the pieces of work we have done this year and make sure the views and comments we gather have the biggest impact possible.

In 2022-23 we will continue to see the impact COVID-19 has had globally, nationally and locally. We plan to use the next year to see what impact it has had on health and social care services in Shropshire. We will continue to work to help the ICS reflect on actions taken and the changes to services made during the pandemic, identify what has gone well and where improvements can be made.

### **Priorities for 2022–23**

1. **Mental health (all age)** (E.g. continue our involvement in the Community Mental Health Transformation, the new Dementia Strategy and starting wider engagement with children and young people about their mental health and wellbeing.)
2. **Prevention and place-based care** (E.g. re-start Enter & View visits/work with the ICS to complete monitoring visits. Support local and national campaigns to raise awareness of services/ promote self-care. Start to engage with further education students to understand what services they need to support their health and wellbeing. Continue involvement in Shrewsbury Health & Wellbeing Hub, Joint Strategic Needs Assessment and Pharmacy Needs Assessment)
3. **Acute care** (E.g. access to emergency care, maternity services)
4. **Public involvement across the ICS** (E.g. develop relationship with Patient Participation Groups, continue to recruit and involve volunteers (e.g. focus groups/workshops across the system), promote public involvement and engagement opportunities across the ICS)
5. **Inequalities** (E.g. continue to highlight inequalities (e.g. rural and digital inequality, language, disability, etc). Promote personalisation. Build relationships with public and staff to identify the challenges they face.)
6. **Access to services** (E.g. continue to highlight issues around access to appointments, diagnosis, treatment and care, e.g. GPs, dentists, domiciliary care)

## 7. Trustees' responsibilities statement

The Trustees (who are also directors of Healthwatch Shropshire for the purposes of company law) are responsible for preparing the Trustees' report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires the Trustees to prepare financial statements for each financial year. Under company law the Trustees must not approve the financial statements unless they are satisfied that they give a true and fair view of the state of affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments and accounting estimates that are reasonable and prudent;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in operation.

The Trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charitable company's transactions and disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In preparing this report, the Trustees have taken advantage of the small companies exemptions provided by section 415A of the Companies Act 2006.

This report was approved by the Trustees on 23 November 2022 and signed on their behalf by:

  
.....  
Vanessa Barrett, Chair of Trustees

**INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF**  
**HEALTHWATCH SHROPSHIRE**

**Independent examiner's report to the trustees of Healthwatch Shropshire ('the Company')**

I report to the charity trustees on my examination of the accounts of the Company for the year ended 31 March 2022.

**Responsibilities and basis of report**

As the charity's trustees of the Company (and also its directors for the purposes of company law) you are responsible for the preparation of the accounts in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the Company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of your charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5) (b) of the 2011 Act.

**Independent examiner's statement**

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the Company as required by section 386 of the 2006 Act; or
2. the accounts do not accord with those records; or
3. the accounts do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a true and fair view which is not a matter considered as part of an independent examination; or
4. the accounts have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities (applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102)).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

*C Moelwyn-Williams*

C Moelwyn-Williams  
BSc FCA  
TCA (Shrewsbury) LLP  
Third Floor  
21 St Mary's Street  
Shrewsbury  
Shropshire  
SY1 1ED

Date: *24th November 2022*

**HEALTHWATCH SHROPSHIRE**

**STATEMENT OF FINANCIAL ACTIVITIES**  
**FOR THE YEAR ENDED 31 MARCH 2022**

	Notes	Unrestricted funds £	Restricted funds £	2022 Total funds £	2021 Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>					
<b>Charitable activities</b>					
General funds		<u>162,000</u>	<u>1,775</u>	<u>163,775</u>	<u>170,500</u>
 <b>EXPENDITURE ON</b>					
<b>Charitable activities</b>					
General funds	3	<u>146,832</u>	<u>1,968</u>	<u>148,800</u>	<u>152,119</u>
<b>NET INCOME/(EXPENDITURE)</b>		15,168	(193)	14,975	18,381
 <b>RECONCILIATION OF FUNDS</b>					
Total funds brought forward		<u>72,916</u>	<u>3,403</u>	<u>76,319</u>	<u>57,938</u>
<b>TOTAL FUNDS CARRIED FORWARD</b>		<u>88,084</u>	<u>3,210</u>	<u>91,294</u>	<u>76,319</u>

**CONTINUING OPERATIONS**

All income and expenditure has arisen from continuing activities.

The notes form part of these financial statements

**STATEMENT OF FINANCIAL POSITION**  
**31 MARCH 2022**

	Notes	2022 £	2021 £
<b>CURRENT ASSETS</b>			
Debtors	8	15,507	37,868
Cash at bank and in hand		<u>86,483</u>	<u>48,257</u>
		101,990	86,125
<b>CREDITORS</b>			
Amounts falling due within one year	9	(10,696)	(9,806)
		<u>91,294</u>	<u>76,319</u>
<b>NET CURRENT ASSETS</b>			
		<u>91,294</u>	<u>76,319</u>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>			
		<u>91,294</u>	<u>76,319</u>
<b>NET ASSETS</b>		<u>91,294</u>	<u>76,319</u>
<b>FUNDS</b>	12		
Unrestricted funds		88,084	72,916
Restricted funds		<u>3,210</u>	<u>3,403</u>
<b>TOTAL FUNDS</b>		<u>91,294</u>	<u>76,319</u>

The charitable company is entitled to exemption from audit under Section 477 of the Companies Act 2006 for the year ended 31 March 2022.

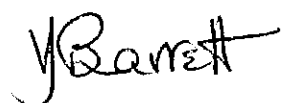
The members have not required the company to obtain an audit of its financial statements for the year ended 31 March 2022 in accordance with Section 476 of the Companies Act 2006.

The trustees acknowledge their responsibilities for

- ensuring that the charitable company keeps accounting records that comply with Sections 386 and 387 of the Companies Act 2006 and
- preparing financial statements which give a true and fair view of the state of affairs of the charitable company as at the end of each financial year and of its surplus or deficit for each financial year in accordance with the requirements of Sections 394 and 395 and which otherwise comply with the requirements of the Companies Act 2006 relating to financial statements, so far as applicable to the charitable company.

These financial statements have been prepared in accordance with the provisions applicable to charitable companies subject to the small companies regime.

The financial statements were approved by the Board of Trustees and authorised for issue on 23 November 2022 and were signed on its behalf by:



Mrs V J Barrett - Trustee

## **HEALTHWATCH SHROPSHIRE**

### **NOTES TO THE FINANCIAL STATEMENTS** **FOR THE YEAR ENDED 31 MARCH 2022**

#### **1. ACCOUNTING POLICIES**

##### **Basis of preparing the financial statements**

The financial statements of the charitable company, which is a public benefit entity under FRS 102, have been prepared in accordance with the Charities SORP (FRS 102) 'Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2019)', Financial Reporting Standard 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland' and the Companies Act 2006. The financial statements have been prepared under the historical cost convention.

##### **Financial reporting standard 102 - reduced disclosure exemptions**

The charitable company has taken advantage of the following disclosure exemptions in preparing these financial statements, as permitted by FRS 102 'The Financial Reporting Standard applicable in the UK and Republic of Ireland':

- the requirements of Section 7 Statement of Cash Flows;
- the requirement of paragraph 3.17(d);
- the requirements of paragraphs 11.42, 11.44, 11.45, 11.47, 11.48(a)(iii), 11.48(a)(iv), 11.48(b) and 11.48(c);
- the requirements of paragraphs 12.26, 12.27, 12.29(a), 12.29(b) and 12.29A;
- the requirement of paragraph 33.7.

##### **Income**

All income is recognised in the Statement of Financial Activities once the charity has entitlement to the funds, it is probable that the income will be received and the amount can be measured reliably.

##### **Expenditure**

Liabilities are recognised as expenditure as soon as there is a legal or constructive obligation committing the charity to that expenditure, it is probable that a transfer of economic benefits will be required in settlement and the amount of the obligation can be measured reliably. Expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all cost related to the category. Where costs cannot be directly attributed to particular headings they have been allocated to activities on a basis consistent with the use of resources.

##### **Taxation**

The charity is exempt from corporation tax on its charitable activities.

##### **Fund accounting**

Unrestricted funds can be used in accordance with the charitable objectives at the discretion of the trustees.

Restricted funds can only be used for particular restricted purposes within the objects of the charity. Restrictions arise when specified by the donor or when funds are raised for particular restricted purposes.

Further explanation of the nature and purpose of each fund is included in the notes to the financial statements.

##### **Pension costs and other post-retirement benefits**

The charitable company operates a defined contribution pension scheme. Contributions payable to the charitable company's pension scheme are charged to the Statement of Financial Activities in the period to which they relate.

# HEALTHWATCH SHROPSHIRE

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2022

### 2. INCOME FROM CHARITABLE ACTIVITIES

	2022 General funds £	2021 Total activities £
Local authority grants	163,775	164,000
Public sector grants	-	6,500
	<u>163,775</u>	<u>170,500</u>

### 3. CHARITABLE ACTIVITIES COSTS

	Direct Costs (see note 4) £	Support costs £	Totals £
General funds	<u>127,423</u>	<u>21,377</u>	<u>148,800</u>

### 4. DIRECT COSTS OF CHARITABLE ACTIVITIES

	2022 £	2021 £
Staff costs	99,097	97,884
Insurance	3,421	3,001
Telephone & broadband	270	668
Postage	423	397
Marketing & publicity	488	774
Travel & subsistence	248	12
Volunteer & Trustee expenses	115	26
Recruitment (including DBS)	2,614	-
Training & development	381	965
Consultancy	2,235	2,140
Publications/Subscriptions	66	315
Venue hire & events	806	30
Photocopying/internal printing	886	330
Office stationery	119	17
Equipment	2,451	5,949
Website & software	2,566	2,049
Office rent	7,095	7,095
Premises costs	<u>4,142</u>	<u>3,878</u>
	<u>127,423</u>	<u>125,530</u>

### 5. TRUSTEES' REMUNERATION AND BENEFITS

There were no trustees' remuneration or other benefits for the year ended 31 March 2022 nor for the year ended 31 March 2021.

# HEALTHWATCH SHROPSHIRE

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2022

### 5. TRUSTEES' REMUNERATION AND BENEFITS - continued

#### Trustees' expenses

During the year 2 Trustees (2021: 0) received reimbursement of expenses amounting to £103 (2021: £nil).

### 6. STAFF COSTS

	2022	2021
	£	£
Wages and salaries	92,722	92,566
Social security costs	2,220	1,333
Other pension costs	4,155	3,985
	<u>99,097</u>	<u>97,884</u>

The average monthly number of employees during the year was as follows:

	2022	2021
	5	5
General	<u>5</u>	<u>5</u>

No employee received remuneration amounting to more than £60,000 in either year.

### 7. COMPARATIVES FOR THE STATEMENT OF FINANCIAL ACTIVITIES

	Unrestricted funds £	Restricted funds £	Total funds £
<b>INCOME AND ENDOWMENTS FROM</b>			
<b>Charitable activities</b>			
General funds	<u>164,000</u>	<u>6,500</u>	<u>170,500</u>
<b>EXPENDITURE ON</b>			
<b>Charitable activities</b>			
General funds	145,249	6,870	152,119
<b>NET INCOME/(EXPENDITURE)</b>	18,751	(370)	18,381
<b>RECONCILIATION OF FUNDS</b>			
<b>Total funds brought forward</b>	54,165	3,773	57,938
<b>TOTAL FUNDS CARRIED FORWARD</b>	<u>72,916</u>	<u>3,403</u>	<u>76,319</u>



# **HEALTHWATCH SHROPSHIRE**

## **NOTES TO THE FINANCIAL STATEMENTS - continued** **FOR THE YEAR ENDED 31 MARCH 2022**

### **8. DEBTORS**

	2022	2021
	£	£
Amounts falling due within one year:		
Trade debtors	13,500	35,500
Prepayments	<u>1,007</u>	<u>1,368</u>
	<u>14,507</u>	<u>36,868</u>
Amounts falling due after more than one year:		
Other debtors	<u>1,000</u>	<u>1,000</u>
Aggregate amounts	<u>15,507</u>	<u>37,868</u>

### **9. CREDITORS: AMOUNTS FALLING DUE WITHIN ONE YEAR**

	2022	2021
	£	£
Trade creditors	5,525	5,632
Social security and other taxes	3,536	2,415
Accruals and deferred income	<u>1,635</u>	<u>1,759</u>
	<u>10,696</u>	<u>9,806</u>

### **10. LEASING AGREEMENTS**

Minimum lease payments under non-cancellable operating leases fall due as follows:

	2022	2021
	£	£
Within one year	<u>-</u>	<u>444</u>

### **11. ANALYSIS OF NET ASSETS BETWEEN FUNDS**

	Unrestricted funds	Restricted funds	2022 Total funds	2021 Total funds
	£	£	£	£
Current assets	98,780	3,210	101,990	86,125
Current liabilities	<u>(10,696)</u>	<u>-</u>	<u>(10,696)</u>	<u>(9,806)</u>
	<u>88,084</u>	<u>3,210</u>	<u>91,294</u>	<u>76,319</u>

# HEALTHWATCH SHROPSHIRE

## NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2022

### 12. MOVEMENT IN FUNDS

	At 1.4.21 £	Net movement in funds £	At 31.3.22 £
<b>Unrestricted funds</b>			
Unrestricted	72,916	15,168	88,084
<b>Restricted funds</b>			
Help2Change Shropshire Healthy Living	3,116	-	3,116
Shaping Places for Healthier Lives	287	(193)	94
	<u>3,403</u>	<u>(193)</u>	<u>3,210</u>
<b>TOTAL FUNDS</b>	<u>76,319</u>	<u>14,975</u>	<u>91,294</u>

Net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
Unrestricted	162,000	(146,832)	15,168
<b>Restricted funds</b>			
Shaping Places for Healthier Lives	1,775	(1,968)	(193)
	<u>163,775</u>	<u>(148,800)</u>	<u>14,975</u>
<b>TOTAL FUNDS</b>	<u>163,775</u>	<u>(148,800)</u>	<u>14,975</u>

# **HEALTHWATCH SHROPSHIRE**

## **NOTES TO THE FINANCIAL STATEMENTS - continued FOR THE YEAR ENDED 31 MARCH 2022**

### **12. MOVEMENT IN FUNDS - continued**

#### **Comparatives for movement in funds**

	At 1.4.20 £	Net movement in funds £	At 31.3.21 £
<b>Unrestricted funds</b>			
Unrestricted	54,165	18,751	72,916
<b>Restricted funds</b>			
Telford & Wrekin CCG Maternity Voices Partnership	627	(627)	-
Help2Change Shropshire Healthy Living	3,146	(30)	3,116
Shaping Places for Healthier Lives	-	287	287
	<u>3,773</u>	<u>(370)</u>	<u>3,403</u>
<b>TOTAL FUNDS</b>	<u>57,938</u>	<u>18,381</u>	<u>76,319</u>

Comparative net movement in funds, included in the above are as follows:

	Incoming resources £	Resources expended £	Movement in funds £
<b>Unrestricted funds</b>			
Unrestricted	164,000	(145,249)	18,751
<b>Restricted funds</b>			
Telford & Wrekin CCG Maternity Voices Partnership	-	(627)	(627)
Help2Change Shropshire Healthy Living	-	(30)	(30)
Shaping Places for Healthier Lives	6,500	(6,213)	287
	<u>6,500</u>	<u>(6,870)</u>	<u>(370)</u>
<b>TOTAL FUNDS</b>	<u>170,500</u>	<u>(152,119)</u>	<u>18,381</u>

#### **Restricted Funds**

Help2Change Shropshire Healthy Living - This fund is for engagement and research with members of the Shropshire public and users of health and care services, e.g. around barriers to accessing Social Prescribing.



## **HEALTHWATCH SHROPSHIRE**

### **NOTES TO THE FINANCIAL STATEMENTS - continued** **FOR THE YEAR ENDED 31 MARCH 2022**

#### **12. MOVEMENT IN FUNDS - continued**

Shaping Places for Healthier Lives - Healthwatch Shropshire was asked to run the public and organisational engagement for Shropshire Council/Public Health's Phase 2 project for 'Shaping Places for Healthier Lives' (a joint grant programme between The Health Foundation and Local Government Association). This project was to explore the reasons for food insecurity in South West Shropshire and identify solutions.

Telford & Wrekin CCG Maternity Voices Partnership - This fund is to support the delivery of the Maternity Voices Partnership initiative in Shropshire, Telford & Wrekin.

#### **13. EMPLOYEE BENEFIT OBLIGATIONS**

During the year end charitable company paid pension contributions of £3,985 (2021: £3,985). There were contributions payable at the year end of £1,263 (2021: £1,250).

#### **14. RELATED PARTY DISCLOSURES**

There were no related party transactions for the year ended 31 March 2022.

# **HEALTHWATCH SHROPSHIRE**

## **DETAILED STATEMENT OF FINANCIAL ACTIVITIES** **FOR THE YEAR ENDED 31 MARCH 2022**

	2022 £	2021 £
<b>INCOME AND ENDOWMENTS</b>		
<b>Charitable activities</b>		
Local authority grants	163,775	164,000
Public sector grants	-	6,500
	<u>163,775</u>	<u>170,500</u>
<b>Total Incoming resources</b>	163,775	170,500
<b>EXPENDITURE</b>		
<b>Charitable activities</b>		
Wages	92,722	92,566
Social security	2,220	1,333
Pensions	4,155	3,985
Insurance	3,421	3,001
Telephone & broadband	270	668
Postage	423	397
Marketing & publicity	488	774
Travel & subsistence	248	12
Volunteer & Trustee expenses	115	26
Recruitment (Including DBS)	2,614	-
Training & development	381	965
Consultancy	2,235	2,140
Publications/Subscriptions	66	315
Venue hire & events	806	30
Photocopying/internal printing	886	330
Office stationery	119	17
Equipment	2,451	5,949
Website & software	2,566	2,049
Office rent	7,095	7,095
Premises costs	<u>4,142</u>	<u>3,878</u>
	127,423	125,530
<b>Support costs</b>		
<b>Management</b>		
Sundries	4,075	9,493
Financial administration	<u>15,350</u>	<u>15,350</u>
	19,425	24,843
<b>Governance costs</b>		
Sundries	102	35
Independent examination fee	1,230	1,194
Trustees' expenses	103	-
Trustee indemnity insurance	<u>517</u>	<u>517</u>
	<u>1,952</u>	<u>1,746</u>
<b>Total resources expended</b>	<u>148,800</u>	<u>152,119</u>
<b>Net Income</b>	<u>14,975</u>	<u>18,381</u>

This page does not form part of the statutory financial statements

